

BOARD OF MEDICAL LICENSURE AND DISCIPLINE

AGENDA

FULL BOARD

OPEN SESSION

14 JANUARY 2009

8:30 AM

CONFERENCE ROOM 401

CANNON BUILDING

3 CAPITOL HILL

PROVIDENCE, RHODE ISLAND

1. Establishment of Quorum

2. Presentation of the Minutes of the 8 January 2009 Licensing Committee Meeting:

The Open Session of the Allopathic-Osteopathic Licensing Committee of the Board of Medical Licensure and Discipline took place at 8:30 a.m. on the above date, in Room 205, Rhode Island Department of Health, Three Capitol Hill, Providence, Rhode Island.

Committee members present were:

Margaret Coughlin

Noubar Kessimian MD

Committee members absent:

Charles Cronin DO

Staff members present were:

None

Appearances:

None

Michael Schorr MD – Dr Schorr’s application was reviewed and approved pending Maine verification.

Jack Huse MD – The Committee reviewed the information Dr Huse sent in, and they approve him for Licensure.

The Licensing Committee reviewed the application materials of the candidates listed below and directed the Director to issue licenses to practice Allopathic-Osteopathic Medicine pending approval of the Full Board on January 14, 2009 and receipt of the license form and fee.

Name

Evan Farmer MD

Jennifer Harris MD

Abdel Jaffan MD

Adam Kuehn MD

Eric Newton MD

Ethan Prince MD

The Committee reviewed the application materials of the endorsement candidates listed below whose applications are outstanding the FCVS materials. The Licensing Committee directed the Director to issue licenses to practice Allopathic-Osteopathic Medicine to the physicians listed below pending approval of the Full Board on January 8, 2009 and receipt of the license form and fee. The physicians are required to provide the FCVS materials within 90 days of the issuance of their license.

Name

Harold Adams MD

Vikram Behera MD

Carlos Cesar MD

Yang-En Kao MD

Mia Pingul MD

Michael Young MD

Reactivations/Reinstatement Specialty License Number

Anthony Romania MD Ophthalmology MD10114

The Licensing Committee Pre-Reviewed the following physicians:

Name

Esgar Guarin Nieto MD

Holly Barker MD

Amir Mostofi MD

New Academic Faculty applicant:

None

3. Presentation of the Minutes of the Open Session of 10 December 2008.

4. Chief Administrative Officer's Report

A. Licensure request for eligibility to apply for RI license

B. Rhode Island Hospital Quality Update on Policy Monitoring

C. Proposed Draft Policy Statement:

The RI BMLD condemns the participation by physicians and other health professionals in torture as stated by the AMA code of medical ethics E 2.067:

"Torture refers to the deliberate, systematic, or wanton administration of cruel, inhumane, and degrading treatments or punishments during imprisonment or detainment.

Physicians must oppose and must not participate in torture for any reason. Participation in torture includes, but is not limited to, providing or withholding any services, substances, or knowledge to facilitate the practice of torture. Physicians must not be present when torture is used or threatened.

Physicians may treat prisoners or detainees if doing so is in their best interest, but physicians should not treat individuals to verify their health so that torture can begin or continue. Physicians who treat torture victims should not be persecuted. Physicians should help provide support for victims of torture and, whenever possible, strive to change situations in which torture is practiced or the potential for torture is great. (I, III)

Report: Issued December 1999."

and

Opinion 2.068 Physician Participation in Interrogation:

Interrogation is defined as questioning related to law enforcement or to military and national security intelligence gathering, designed to prevent harm or danger to individuals, the public, or national security. Interrogations are distinct from questioning used by physicians to assess the physical or mental condition of an individual. To be appropriate, interrogations must avoid the use of coercion--that is, threatening or causing harm through physical injury or mental suffering. In this Opinion, "detainee" is defined as a criminal suspect, prisoner of war, or any other individual who is being held involuntarily.

Physicians who engage in any activity that relies on their medical knowledge and skills must continue to uphold principles of medical ethics. Questions about the propriety of physician participation in interrogations and in the development of interrogation strategies may be addressed by balancing obligations to individuals with obligations to protect third parties and the public. The further removed the physician is from direct involvement with a detainee, the more justifiable is a role serving the public interest. Applying this general approach, physician involvement with interrogations during law enforcement or intelligence gathering should be guided by the following:

(1) Physicians may perform physical and mental assessments of

detainees to determine the need for and to provide medical care. When so doing, physicians must disclose to the detainee the extent to which=2

0others have access to information included in medical records. Treatment must never be conditional on a patient's participation in an interrogation.

(2) Physicians must neither conduct nor directly participate in an interrogation, because a role as physician-interrogator undermines the physician's role as healer and thereby erodes trust in the individual physician-interrogator and in the medical profession.

(3) Physicians must not monitor interrogations with the intention of intervening in the process, because this constitutes direct participation in interrogation.

(4) Physicians may participate in developing effective interrogation strategies for general training purposes. These strategies must not threaten or cause physical injury or mental suffering and must be humane and respect the rights of individuals.

(5) When physicians have reason to believe that interrogations are coercive, they must report their observations to the appropriate authorities. If authorities are aware of coercive interrogations but have not intervened, physicians are ethically obligated to report the offenses to independent authorities that have the power to

investigate or adjudicate such allegations. (I, III, VII, VIII)

Report: Issued November 2006 based on the report “Physician Participation in Interrogation,” adopted June 2006.

D. Providence Journal Article: Dealing with Disruptive Physicians, by Robert S. Crausman, MD

E. Filing of Complaints and Scheduling of Hearings: Eligibility for filing a complaint; statute of limitations and timeliness for scheduling of hearings.

F. Corporation request administratively approved

5. Old Business:

6. New Business:

7. Adjournment to Executive Session Pursuant to Sections 46-42-4 and 42-46-5 of the Rhode Island General Laws